PTO/SB/06 (12-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMISSION Under the Peperwork Reduction Act of 1805.

		ubstitute for F		TON RECOR		J ∧pp	ecetion or Dock	el Number
APF	PLICATION AS			mount Decemb	0, 2004	10	1675,6	20
	(Colum		(Column 2)	SMA	LL ENTITY	OR	OTH SMA	IER THAN LL ENTITY
FOR BASIC FEE	NUMBER	······································	NUMBER EXTRA	RATE	FEE		RATE (\$)	
(3) CFR 1.16(a), (b), \( \alpha \) (c)) SEARCH FEE	ŅVA	<del></del>	N/A	N/A	150.0	0	N/A	300.00
(37 CFR 1 16(N), (1), or (m))	· N/A		NA.	. N/A	\$250		N/A	\$500
37 CFR 1.16(0), (p), or (q))	NA	<u> </u>	· 1 N/A	NVA	\$100		NA	\$200
37 OFR 1.18(H) NDEPENDENT CLAIMS	, m	inus 20 =		X\$ 25	•	OR	X\$50 .	
37 CFR 1.16(h))		t sunii		X100	•		X200	
PPLICATION SIZE EE BY CFR 1.16(4))	is \$250 (\$125 additional 50 35 U.S.C. 41	er, the application in the small entition is sheets or fraction (a)(1)(G) and (b)	tion thereof. See 37 CFR 1.16(s).	100				
IULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.1) If the difference in column 1 is less than zero, enter "0"				+180=			+360=	1
	TION AS AME		•	TOTAL		_}	TOTAL	
		•		•		•		
Analia RE	Diumn 1) DLAIMS MAINING AFTER ENDMENT  Min	2	PRESENT EXTRA	SMALL RATE (I)	ADOI- TIONAL FEE (\$)	OR OR	OTHER SMALL RATE (\$)	ADOL-TIONAL FEE (5)
Analya RE	CLAIMS MAINING AFTER ENOMENT  Min  Min	HIGHE: NUMBE PREVIOU PAID FO	PRESENT EXTRA	RATE (i)	ADDI- TIONAL		RATE (S)	ADDI- TIONAL
Analia RE	CLAIMS MAINING AFTER ENDMENT  Min  Min  G 77 CFR 1.16(s))	HIGHE: NUMBE PREVIOU PAID FC	PRESENT EXTRA DR	X\$ 25	ADDI- TIONAL	OR OR	SMALL RATE (\$)  X\$50 X200	ADOL- TIONAL
Total (AME)  Total (AME)  Total (AME)  Total (AME)  Total (AME)  Total (AME)  Application Size Fee (AME)  FIRST PRESENTATION (AME)	CLAIMS MAINING AFTER ENOMENT  Min  Min  G. Min  TO THE TENER  MIN  TO THE TENER  THE TEN	HIGHE: NUMBE PREVIOU PAID FC	PRESENT EXTRA DR	X\$ 25 X100	ADDI- TIONAL	OR OR OR	SMALL RATE (\$)  X\$50 =	ADOL- TIONAL
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Total Application Size Fee ( FIRST PRESENTATION ( CL REM AFE AME  Total  Application Size Fee ( CL REM AFE AMEN Total	CLAIMS MAINING AFTER ENDMENT  Min  Min  G  TORR 1.16(s))  OF MULTIPLE DEPE	HIGHE: NUMBE PREVIOU PAID FO	PRESENT EXTRA  CONTROL OF THE CONTRO	X\$ 25 X100 +180=	ADDI- TIONAL FEE (\$)	OR OR OR	SMALL RATE (5)  X\$50 =  X200 =  +360=  TOTAL	ADDI-
Total professions independent professions in the profession of the	CLAIMS MAINING AFTER ENDMENT  Min  G  37 CFR 1.16(s))  OF MULTIPLE DEPE	HIGHE: NUMBE PREVIOU PAID FC	PRESENT EXTRA  PRESENT EXTRA  PRESENT EXTRA  PRESENT EXTRA  PRESENT EXTRA	X\$ 25 X100 +180= TOTAL ADD'L FEE	ADDI- TIONAL FEE (\$)	OR OR OR	SMALL  RATE (\$)  X\$50 =  X200 =  +360=  TOTAL  ADD'L FEE  RATE (\$)	ADDI-
Total (Col. REM AMEN AMEN Total (Col. REM AMEN AMEN AMEN Total (Col. REM AMEN AMEN AMEN AMEN AMEN AMEN AMEN AM	CLAIMS MAINING AFTER SHOMENT  MIN  G. MIN  37 CFR 1.16(s))  OF MATIPLE DEPE	HIGHE: NUMBE PREVIOU PAID FC	PRESENT EXTRA  CONTROL OF THE CONTRO	X\$ 25 X100 +180= TOTAL ADD'L FEE	ADDI- TIONAL FEE (\$)	OR OR OR	SMALL  RATE (\$)  X\$50 =  X200 =  +360=  TOTAL  ADD'L FEE  RATE (\$)	ADDI- TIONAL FEE (1)
(Col.  Application Size Fee (Col.  Total (37 CFR 1.19(1))  Application Size Fee (Col.  FIRST PRESENTATION (Col.  REM  AF  AMEN  Total (Col.  CL.  REM  AF  AMEN  Total (Col.  Cl.  REM  AF  AMEN  Total (37 CFR 1.19(1))  Independent (37 CFR 1.19(1))  Application Size Fee (3)	CLAIMS MAINING AFTER ENDMENT  Min  G  37 CFR 1.16(s))  DF MULTIPLE DEPE	HIGHE: NUMBE PREVIOU PAID FC	PRESENT EXTRA  PRESENT EXTRA  PRESENT EXTRA  PRESENT EXTRA  PRESENT EXTRA  PRESENT EXTRA	X\$ 25 .  X100 =  +180=  TOTAL ADD'L FEE  RATE (\$)  X\$ 25 .  X100	ADDI- TIONAL FEE (\$)	OR OR OR	SMALL  RATE (\$)  X\$50 =  X200 =  +360=  TOTAL  ADD'L FEE  RATE (\$)	ADDI- TIONAL FEE (1)
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The "Highest Number Previously Paid For" (Total or Independent) is the highest number (ound in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.